

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/869123

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14		1		1		
15		1		1		
16		1		1		
17	1		1			
18	1		1			
19		1		1		
20		2		1		
21		2		1		
22		1		1		
23		1		1		
24		1		1		
25		1		1		
26	1		1			
27				1		
28				1		
29				1		
30				1		
31				1		
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39				1		
40				1		
41				1		
42				1		
43				1		
44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52						
53						
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96						
97						
98						
99						
100						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		↔	47	↔		↔
TOTAL CLAIMS			51			

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS